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| **WISCONSIN DEPARTMENT OF HEALTH SERVICES**Division of Medicaid ServicesF-02919 (12/2023) |
| Vendor Performance Report for division of medicaid services (DMS) |
| **Instructions:** Programs monitored by the DMS Bureau of Eligibility and Enrollment Policy (BEEP) Vendor Management section will complete this form to report the progress made on services the vendor provides as described in their statement of work, scope of work, or service level agreement (SLA). The vendor will fill out the entire form and submit this form quarterly to the vendor management section at dhsvendormanagement@dhs.wisconsin.gov. A contract specialist will review this form with the vendor during the annual review.In section 2 of this form list specific, measurable, achievable, realistic, and timely (SMART) goals for the services provided from your statement of work, scope of work, or SLA. SMART goals are used to help set and meet goals in the SLAs and should be:* **S**pecific: well-defined, clear, and narrow for effective planning
* **M**easurable: have specific criteria to measure a goal’s progress, focus on an amount, and provide the change that is expected
* **A**chievable: realistic, not impossible to reach with the resources and knowledge available, and can be accomplished within a certain timeframe
* **R**elevant: applicable, meaningful, and logical, describe the benefits to consumers, and define the impact services have on the target population
* **T**imely: have start and end-dates and create a timeline for tasks to be completed

Describe activities you will complete in order to achieve the goals listed. Include the date the goals are expected to be completed (do not use ongoing or to be determined) and the position responsible for completing each task (e.g. program director, supervisor, public health staff, benefit specialist, or other position). If more than one position is responsible, list all of them. |
| Section 1 – Vendor information |
| Choose the type of service provided. |
| [ ]  ForwardHealth Outreach [ ]  Tribal Medicaid Eligibility Outreach [ ]  FoodShare Outreach | [ ]  Other  |
| Report Period Start Date | Report Period End date |
|  |  |
| Name – Vendor  |
|  |
| Street Address | City | State | Zip Code |
|  |  |  |  |
| Name – Primary Contact |
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| Phone Number | Email Address |
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| Section 2 – VENDOR goals, progress, and results |
| In the gray shaded section below, identify each project goal and provide a list of related activities, a timeline to accomplish the activities, the position(s) responsible, and the expected outcome. In the non-shaded section, identify the activities completed during the report period and the results (e.g., 1,000 members were educated about FoodShare). The activities listed in the gray shaded section should match the activities listed in the non-shaded section. **Example**: Goal 1-Increase FoodShare program awareness. A related activity for this goal is the FoodShare outreach specialist will increase the amount of information available about FoodShare to people applying. The expected outcome for this goal is to educate 5,000 people about FoodShare through community partnerships by the end of the contract year. |
| Goal 1: |
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| Related activities (include method and type of data collected) | End date (e.g., end of first quarter or end of contract year) | Position responsible | Expected outcome  |
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| Activities completed during report period | Results | Was goal met? If no, explain the progress being made to achieve the goal by the expected completion date. |
|  |  | [ ]  Yes [ ]  No |
|  |  | [ ]  Yes [ ]  No |
|  |  | [ ]  Yes [ ]  No |
| Goal 2: |
|  |
| Related activities (include method and type of data collected) | End date (e.g., end of first quarter or end of contract year) | Position responsible | Expected outcome  |
|  |  |  |  |
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| Activities completed during report period | Results | Was goal met? If no, explain the progress being made to achieve the goal by the expected completion date. |
|  |  | [ ]  Yes [ ]  No |
|  |  | [ ]  Yes [ ]  No |
|  |  | [ ]  Yes [ ]  No |
| Goal 3: |
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| Related activities (include method and type of data collected) | End date (e.g., end of first quarter or end of contract year) | Position responsible | Expected outcome  |
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| Activities completed during report period | Results | Was goal met? If no, explain the progress being made to achieve the goal by the expected completion date. |
|  |  | [ ]  Yes [ ]  No |
|  |  | [ ]  Yes [ ]  No |
|  |  | [ ]  Yes [ ]  No |
| Goal 4: |
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| Related activities (include method and type of data collected) | End date (e.g., end of first quarter or end of contract year) | Position responsible | Expected outcome |
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| Activities completed during report period | Results | Was goal met? If no, explain the progress being made to achieve the goal by the expected completion date. |
|  |  | [ ]  Yes [ ]  No |
|  |  | [ ]  Yes [ ]  No |
|  |  | [ ]  Yes [ ]  No |
| Goal 5: |
|  |
| Related activities (include method and type of data collected) | End date (e.g., end of first quarter or end of contract year) | Position responsible | Expected outcome |
|  |  |  |  |
|  |  |  |  |
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| Activities completed during report period | Results | [ ]  Yes [ ]  No |
|  |  | [ ]  Yes [ ]  No |
|  |  | [ ]  Yes [ ]  No |
|  |  | [ ]  Yes [ ]  No |
| Goal 6: |
|  |
| Related activities (include method and type of data collected) | End date (e.g., end of first quarter or end of contract year) | Position responsible | Expected outcome |
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| Activities completed during report period | Results | Was goal met? If no, explain the progress being made to achieve the goal by the expected completion date. |
|  |  | [ ]  Yes [ ]  No |
|  |  | [ ]  Yes [ ]  No |
|  |  | [ ]  Yes [ ]  No |
| **Section 3 – OUTREACH MATERIALS REVIEW** |
| List outreach materials created in this quarter and the dates DHS approved them. If an outreach material is not approved yet, list as PENDING. Along with this report, email attachments of all new outreach materials that have been created this quarter funded under this contract.  |
| **Name of Outreach Material** | **Date Approved** |
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| **Section 4 – VENDOR goals Summary** |
| Describe any best practices that allowed you to meet the goals listed in section 2. |
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| Describe any challenges you faced meeting the goals and how you plan to resolve them going forward. |
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| Describe any resources you need to meet future goals (e.g., technical assistance and/or training needs, budget revisions, or new or modified service component). |
|  |
| Name and Title of Person Completing Report | Date Completed (mm/dd/yyyy) |
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